

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE 0418	2. PERSON REPRESENTED BARNEY SCOTT PASCHALL	VOUCHER NUMBER 0418.0453905																																																	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:17-CR-00053-9-CCE	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																
7. IN CASE/MATTER OF USA v. BOST et al	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case																																																
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense</i> 21:846=CD.F																																																			
12. ATTORNEY'S NAME (<i>First Name, M. I., Last Name, including any suffix</i>) AND MAILING ADDRESS Robert J. Higdon, Jr. - Bar Number: 17229 301 Fayetteville Street Suite 1700 Raleigh, NC 27601 Phone: 919.981.4023		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR Other (<i>See Instructions</i>) Joe L. Webster /S/ Signature of Presiding Judge or By Order of the Court 3/7/2017 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																	
14. NAME AND MAILING ADDRESS OF LAW FIRM (<i>Only provide per instructions</i>) Williams Mullen - TIN: XX-XXXXXXX 4721 Emperor Blvd., STE. 250 Durham, NC 27703 Phone: 919.981.4023																																																			
CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CATEGORIES (<i>Attach itemization of services with dates</i>)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH. ADJUSTED HOURS</th> <th>MATH/TECH. ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. In Court</td> <td>a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (<i>Specify on additional sheets</i>)</td> <td>6.40 4.60 5.20</td> <td>\$825.60 \$593.40 \$686.40</td> <td></td> <td></td> </tr> <tr> <td></td> <td>(RATE PER HOUR = \$ 129.00, 132.00) TOTALS</td> <td>16.20</td> <td>\$2,105.40</td> <td></td> <td></td> </tr> <tr> <td>16. Out of Court</td> <td>a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (<i>Specify on additional sheets</i>)</td> <td>25.50 62.80 4.60 17.80 0.20</td> <td>\$3,310.80 \$8,109.30 \$605.40 \$2,340.60 \$25.80</td> <td></td> <td></td> </tr> <tr> <td></td> <td>(RATE PER HOUR = \$ 129.00, 132.00) TOTALS</td> <td>110.90</td> <td>\$14,391.90</td> <td></td> <td></td> </tr> <tr> <td>17.</td> <td>Travel Expenses (<i>lodging, parking, meals, mileage, etc</i>)</td> <td></td> <td>\$897.22</td> <td></td> <td></td> </tr> <tr> <td>18.</td> <td>Other Expenses (<i>other than expert, transcripts, etc</i>)</td> <td></td> <td>\$4.00</td> <td></td> <td></td> </tr> <tr> <td colspan="2">GRAND TOTALS (CLAIMED AND ADJUSTED)</td> <td></td> <td>\$17,398.52</td> <td></td> <td></td> </tr> </tbody> </table>				CATEGORIES (<i>Attach itemization of services with dates</i>)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	15. In Court	a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (<i>Specify on additional sheets</i>)	6.40 4.60 5.20	\$825.60 \$593.40 \$686.40				(RATE PER HOUR = \$ 129.00, 132.00) TOTALS	16.20	\$2,105.40			16. Out of Court	a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (<i>Specify on additional sheets</i>)	25.50 62.80 4.60 17.80 0.20	\$3,310.80 \$8,109.30 \$605.40 \$2,340.60 \$25.80				(RATE PER HOUR = \$ 129.00, 132.00) TOTALS	110.90	\$14,391.90			17.	Travel Expenses (<i>lodging, parking, meals, mileage, etc</i>)		\$897.22			18.	Other Expenses (<i>other than expert, transcripts, etc</i>)		\$4.00			GRAND TOTALS (CLAIMED AND ADJUSTED)			\$17,398.52		
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 3/10/2017 TO: 9/28/2017		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																															
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number 0 <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (...) (...)																																																			
Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Other than from the Court, have you, or to your knowledge has anyone else, received payment (<i>compensation or anything of value</i>) from any other source in connection with this representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements.																																																			
Signature of Attorney Robert J. Higdon, Jr. /S/ Date 10/20/2017																																																			
APPROVED FOR PAYMENT - COURT USE ONLY																																																			
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28. SIGNATURE OF THE PRESIDING JUDGE Catherine Eagles /S/		DATE 11/8/2017		28a. JUDGE CODE 1814																																															
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34 SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount</i> Roger L. Gregory /S/		DATE 11/27/2017		34a. JUDGE CODE -421																																															
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